

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707298

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: RIVER PARK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P. O. BOX 8122  
PORT LUCIE, FL 34985

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 8122  
PORT LUCIE, FL 34985

**New Mailing Address:**

FEI Number: 59-6146941      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOMEZ, SEBASTIAN  
225 E. ARBOR AVE.  
PORT SAINT LUCIE, FL 34952      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GOMEZ, SEBASTIAN  
Address: 225 E. ARBOR AVE.  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S ( ) Delete  
Name: WANDS, CAROL  
Address: 440 SE SANDIA DR.  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: TD ( ) Delete  
Name: KAPLAN, DAVID  
Address: 410 SE NARANJA AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: FVPD ( ) Delete  
Name: KOLBLANK, MILDRED  
Address: 311 OLIVE AVE.  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: SVPD ( ) Delete  
Name: BEAVER, RONNIE  
Address: 775 NE PRIMA VISTA BOULEVARD  
City-St-Zip: PORT SAINT LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: ROACH, SUSAN  
Address: 403 POPULAR AVE.  
City-St-Zip: PORT SAINT LUCIE, FL 34942

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEBASTIAN GOMEZ

PD

04/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date